# APPLICATION FOR PERMIT LP GAS STORAGE TANK(S)



Department of Professional and Financial Regulation Office of Licensing and Registration

# PROPANE AND NATURAL GAS BOARD

35 State House Station Augusta, ME 04333-0035

Office Telephone: (207)624-8610 Hearing Impaired: (207) 624-8563

Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

## **APPLICATION INSTRUCTIONS**

### LP Gas Storage Tank(s) Permit

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- Permit application and payment for \$50.00
- Site Plan
- Piping Plan
- Fire Safety Analysis reference NFPA 58 Handbook, Supplement 1

Incomplete applications will be returned.

PLEASE NOTE: The application is subject to compliance with local ordinances and permission for installation granted by local authorities when required.

#### REFERENCE CHECKLIST FOR SITE PLAN

- A. Cross Section
  - 1. Base material
  - 2. Tank(s) Supports
- B. Front and Side Elevations
  - 1. Facility Design
    - a. Tank Valve
    - b. Strainer
    - c. Flex Connector
    - d. Pump
    - e. By-Pass Line
    - f. Transfer Valve
    - g. Excess Flow Valve
    - h. Meter
    - i. Vapor Eliminator Line
    - i. Vent Valve
    - k. Break-A-Way Coupling
    - I. Hose End Valve
    - m. Relief Valve
    - n. Hydrostatic Relief Valve
    - o. Piping
    - p. Vaporizer
    - q. Emergency Shutdown Devices
  - 2. Labeling
    - a. Piping
    - b. Tanks

- (i) Placard Number
- (ii) Identification Contents
- (iii) Flammable
- 3. Protection
  - a. Collision
  - b. Flood
  - c. Tampering
  - d. Fire Extinguishment

#### C. Plot Plan

- 1. Distance from tank to
  - a. Buildings
  - b. Street
  - c. Property Lines
  - d. Other Propane or Fuel Storage Tanks
  - e. Ignition Sources
  - f. Fence

# LP GAS STORAGE TANK(S) PERMIT APPLICATION

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PERMIT FEE: \$50.00						
PAYMENT OPTIONS: I authorize the State of charge my MasterCard/	Credit Card: Maine, Department o	: MasterCard f Professional	· ·	ete the followin, Office of Li	ng: censing & Re	
in the amount of \$	t of \$ for the purpose of renewing my certificate.					
ı	NOTE: INCOMPL	ETE APPL	ICATIONS WILL I	BE RETUR	NED	
Name of Facility:						
Address of Facility	:					
City:	City:		State:		Zip Code:	
County:	11	Tele	phone: ()			_
Name of Contact F	Person:		Telephone: (	)	-	

#### **PERMIT TO BE MAILED TO:**

Zip Code:

State:

Name of Owner:

Address of Owner:

City:

Name:		
Address:		
City:	State:	Zip Code:

Type of Tanks:	Number of Tanks:						
Capacity Per Tank:	Tank(s) Protected:						
Distances From:  Nearest Building  Intake to Direct Vent Appliance  Flammable or Combustible Liquid Tank (s)  Sources of Ignition  Property Line  Street							
Is Tank:   Aboveground  Underground  Rooftop  Nature of Foundation:							
Are Grounds Readily Accessible to the Public?  Name of Individual or Firm Who Will  Construct:	☐ Yes ☐ No License Number:						
<u>'</u>							
DO NOT WRITE IN THIS BLOCK							
INSPECTED BY:	DATE:						
APPROVED:							
RECOMMENDATIONS:							

**PLEASE NOTE:** This application is subject to compliance with local ordinances and permission for installation granted by local authorities when required.

Do not forget to include:

- Site Plan
- Piping Plan
- Fire Safety Analysis